

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

P O BOX 500

☐ Check if different than previously reported. (ACC)

RENVILLE

MN

56284

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00166348

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer IAN O'CONNELL

Signature of Treasurer

IAN O'CONNELL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		101980.72
(b) Cash on Hand at Beginning of Reporting Period.....	139666.61	
(c) Total Receipts (from Line 19)	178.18	202030.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	139844.79	304010.92
7. Total Disbursements (from Line 31)	12000.00	176166.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127844.79	127844.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 12 / 01 / 2015

To:

 M M / D D / Y Y Y Y
 12 / 31 / 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

70.00

175858.27

(ii) Unitemized

86.00

26010.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

156.00

201868.60

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

156.00

201868.60

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

22.18

161.60

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

178.18

202030.20

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

178.18

202030.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	1166.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	1166.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	165000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12000.00	176166.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	176166.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	156.00	201868.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	156.00	201868.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	1166.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	1166.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TODD CAMERON GESELIUS

Mailing Address 3201 EAGLE RIDGE DR E

 City
 WILLMAR

 State Zip Code
 MN 56201

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SOUTHERN MN BEET SUGAR COOP

Occupation

VP OF AGRICULTURE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 30 2015

Transaction ID : SA11AI.22541

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. SUSAN J HARPER

Mailing Address PO BOX 194

 City
 RENVILLE

 State Zip Code
 MN 56284

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SOUTHERN MN BEET SUGAR COOP

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 02 2015

Transaction ID : SA11AI.22542

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. SUSAN J HARPER

Mailing Address PO BOX 194

 City
 RENVILLE

 State Zip Code
 MN 56284

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

SOUTHERN MN BEET SUGAR COOP

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 12 16 2015

Transaction ID : SA11AI.22543

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUSAN J HARPER

Mailing Address PO BOX 194

City
RENVILLEState
MNZip Code
56284FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MN BEET SUGAR COOP

Occupation

CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

Transaction ID : SA11AI.22544

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. LESLIE C PLUMLEY

Mailing Address 33707 780TH AVE

City
OLIVIAState
MNZip Code
56277FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MN SUGAR COOPERATIVE

Occupation

AGRICULTURALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SA11AI.22545

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. LESLIE C PLUMLEY

Mailing Address 33707 780TH AVE

City
OLIVIAState
MNZip Code
56277FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MN SUGAR COOPERATIVE

Occupation

AGRICULTURALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : SA11AI.22546

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. LESLIE C PLUMLEY</p> <p>Mailing Address 33707 780TH AVE</p> <p>City OLIVIA State MN Zip Code 56277</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SOUTHERN MN SUGAR COOPERATIVE Occupation AGRICULTURALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2015</p> <p>Transaction ID : SA11AI.22547</p> <p>Amount of Each Receipt this Period 10.00</p> <p>PAYROLL DEDUCTION</p>
<p>Full Name (Last, First, Middle Initial) B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>10.00</p> <p>70.00</p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. COMSTOCK FOR CONGRESS

Mailing Address PO BOX 831

City	State	Zip Code
MC LEAN	VA	22101

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARBARA J HONORABLE COMSTOCKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SB23.22553

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FOLLOW THE NORTH STAR FUND

Mailing Address 3302 BELDEN DR NE

City	State	Zip Code
MINNEAPOLIS	MN	55418

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2015
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SB23.22564

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHERI BUSTOSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SB23.22552

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LORETTA SANCHEZ FOR SENATE

Mailing Address PO BOX 6037

City	State	Zip Code
SANTA ANA	CA	92706

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LORETTA SANCHEZ

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SB23.22561

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City	State	Zip Code
MONTGOMERY	AL	36101

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARTHA ROBY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SB23.22560

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCSALLY FOR CONGRESS

Mailing Address PO BOX 19128

City	State	Zip Code
TUCSON	AZ	85731

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARTHA E. MS. MCSALLY

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2015

Transaction ID : SB23.22556

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

--

